

**SUMMARY FORM**
**COLLECTIVE BARGAINING AGREEMENT  
PUBLIC SECTOR / NON-POLICE & NON-FIRE**
**Section I: Agreement Details**

Public Employer: Ocean County Utilities Authority  
 Employee Organization: Office and Professional Employee International Union, Local 32, AFL-CIO  
 Base Year Contract Term: 1/1/2007      12/31/2011      New Contract Term 1/1/2012      12/31/2014  
 Type of Settlement:  Mediated Settlement     Fact-Finder Recommendation     Voluntary Settlement     Super Conciliation

		Column A		Column B	
		Base Year - Total Costs (last year of Previous agreement)	New Base Year - Total Costs (First Year of Successor agreement)	Base Year - Total Costs (last year of Previous agreement)	New Base Year - Total Costs (First Year of Successor agreement)
<b>Section II: Economic</b>					
Item 1 .....	Salary	\$4,098,351		\$4,062,375	
Item 2 .....	Increment	\$0		\$0	
Item 3 .....	Lonevity	\$0		\$0	
Item 4 .....	Medical Bank Reimbursement	\$39,270		\$39,865	
Item 5 .....	Uniform Reimbursement	\$6,500		\$7,000	
Item 6 .....	Shoe Reimbursement	\$8,925		\$9,100	
Item 7 .....					
Item 8 .....					
Item 9 .....					
Item 10 .....					
Item 11 .....					
Item 12 .....	Any additional items list on separate sheet	Additional Items			
<b>Section III: Totals - Sum of costs in each column</b>		<u>\$4,153,046</u>	<u>\$4,118,340</u>	<u>\$4,118,340</u>	<u>(Total)</u>

**Section IV: Analysis of new successor agreement**Total Base Year(previous agreement) \$4,153,046**Effective Date (m/d/yyyy)**

	<u>1/1/2012</u>	<u>1/1/2013</u>	<u>1/1/2014</u>	
Percent Increase .....	Fiat \$1,200 (1.98%)	2.00%	2.00%	
Total cost of increase ..	\$80,400	\$82,854	\$84,513	
Total base salary (successor agreement) .....	\$4,062,375	\$4,225,626	\$4,310,140	

**Section V: Impact of Settlement - average annual increase over term of agreement**Percentage Impact (average per year over term of agreement)  
1.99Dollar Impact (average per year over term of agreement)  
\$247,767.00**Section VI****Health Insurance (Indicate costs associated on each line)**

	<i>Base Year</i>	<i>Year 1</i>
Cost of Health Plan .....	\$986,860	\$1,127,065
Employee Contributions .....	\$0	\$45,875
Prescription .....		
Dental .....		
Vision .....		

*The undersigned certifies that the foregoing figures are true and is aware that if any of the foregoing items are false, s/he is subject to punishment.***Section VII**

Prepared by:

 Chad N. Zehner, PHR  
 Print Name  
  
 Signature

Title: Human Resources Supervisor

Date: 9/11/2012